



**BIBLIOTHECA
MEDICA
CANADIANA**

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Joan McKean

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

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INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted in **duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words**. Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots**. Prière de numérotter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

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AWARDS? When
Where

PROMOTIONS? Who
MOVES? From
RESIGNATIONS? To
When

SEMINARS? What
WORKSHOPS? When
Where

PUBLICATIONS? What
BOOK REVIEWS? Where
Citation

ACQUISITIONS? What
GIFTS? Why
GRANTS? Amount
Donor

TRIPS? Who
LECTURES? Where
VISITORS? When
Why

From:

To:
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BIBLIOTHECA MEDICA CANADIANA



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FROM THE EDITORS

Since the last issue of **BMC** we have changed to a new year. In their messages in this issue, several members of the Executive wish you a good 1992, as do the Editors. This issue of **BMC** contains interesting articles and reports of some recent **CHLA/ABSC** activities.

There are three more papers that were presented at the 15th **CHLA/ABSC** Conference in Hamilton. One paper by **George Beckett** is input as a Fact Sheet and is also included as detached **CHLA/ABSC** Fact Sheet No. 12. Previous Fact Sheets are being input into the permanent record of **BMC** as space permits. Numbers 1 - 3 were presented in volume 11(3) and this issue includes Fact Sheet No. 4 entitled **Computer Programs and the Copyright Act Amendments** and Fact Sheet No. 5 entitled **Workload Measurement Systems**. There is a MEDLINE search strategy challenge, and reports from the **CHLA/ABSC** Secretary and the **CHLA/ABSC/CCHFA** Liaison. This issue also contains the terms of reference concerning **CHLA/ABSC** archival material as well as other interesting items.

Our plans for 'a new look' for **BMC** are progressing. Exciting changes are scheduled for the near future. We would like to thank those who contributed material to this issue and encourage others to share their expertise or local experience, to describe special procedures or services, or to comment on issues of interest. Consider submitting a paper, short report or letter to your journal.

Diane Jewkes
Editor

Peter Schoenberg
Assistant Editor

A WORD FROM THE PRESIDENT

Ada Ducas,

Head, Sciences Library,
University of Manitoba
Winnipeg, Manitoba

Dear Colleagues,

Since I last wrote, the Board held its Fall meeting in London, Ontario on Friday and Saturday, October 25 and 26. The meeting lasted two complete days with many initiatives being discussed.

Some of you will notice that this is the fourth Board meeting in a row that has been held in southern Ontario. The reason for this is economics. For the past two years the majority of the Board members have come from this region, and while it has been past practice of the Board to move the meetings across the country, it was felt that we should try to keep our costs to a minimum. The Board has decided that the Fall and Winter Board Meetings will alternate as follows: one meeting will be held in the most economical location, and the other meeting will be moved to a different part of the country. This will hold costs to a minimum and still give local Chapters an opportunity to meet with the Board and to bring forward any issues that are of special interest to them.

One of the initiatives that the Board has undertaken is to update the By-laws of the Association. We have had the current By-

laws since 1979, and although no major changes are proposed, the Board felt that they should reflect current practice. You will all be receiving a copy of the proposed amendments to the By-laws in the spring. I encourage you to compare the proposed changes with the current By-laws (published in the Directory). The membership will be asked to ratify the changes to the By-laws at the Annual General Meeting in Winnipeg.

The Board has also decided that we will compile a list of Canadian reference sources for health science librarians. **Linda Wilcox**, the CE Coordinator, sent questionnaires to medical schools in November asking librarians to send her the names of Canadian reference sources that they find useful when doing reference work. The idea for this project is based on the list that was compiled by librarians at the Medical School of Wisconsin entitled 'The Best Reference Books in a Medical School Library' and published in *Med Ref Serv Q* 1990 Winter; 9(4): 43-79. The Board felt that there is enough Canadian reference material to make the publication of such a list a valuable tool for librarians. The responses will be published in **BMC**.

In my last message to you I talked about the poor economic climate. The economy is still sluggish, but I am very happy to report that this didn't affect the Hamilton conference. The final figures were received in the fall, and they netted a profit of over \$12,000. This in addition to hosting an excellent conference. Again "Well Done Hamilton!" A progress report was also received from the Winnipeg Planning Committee. The theme for the Winnipeg conference is "Worlds to Explore". The conference will look at the challenges faced by health libraries as they develop effective strategies for dealing with today's changing worlds. It promises to continue the high quality programming and entertainment established by other planning committees. The conference will be held in Winnipeg, Manitoba June 6-10, 1992. Pencil those days in your calendar, and start making arrangements to be there!

You have all been informed of the progress of the Task Force on the CHA/MIS Guidelines through reports published in **BMC**, and updates given at annual meetings. The Task Force has completed its mandate and is now looking at developing a workshop on workload measurement systems. As part of the preparation process they will be running a pilot project in the Kingston area in late January or early February. The workshop will be offered in Winnipeg next June.

Other items that were discussed at the Board meeting were:

- developing a new look for **BMC**.
- looking at potential enhancements to current **BMC** publication practices.

- establishing a Public Relations column in **BMC** which would address members concerns such as improving librarians' image in hospitals, etc.
- reviewing the status of the bilateral agreement with MLA, and looking at potential reciprocity with other organizations.
- discussing the probability of Tom Fleming and Diana Kent starting work on a second edition of the **Sourcebook of Canadian Health Statistics**.
- discussing various ways to increase the Association's income.

By the time you read this you will have received the call for nominations for election to the Board. Please consider running. Being a member of the Board requires work and commitment, however the experience is very rewarding.

This is all the news that I have for now. I would like to take this opportunity to wish you all a happy and prosperous 1992.

Un mot de la présidente

Ada Ducas

Chef de la bibliothèque
Université du Manitoba
Winnipeg, Manitoba

Chers/chères collègues,

Depuis mon dernier message, la réunion d'automne du Conseil a eu lieu à London, Ontario le vendredi, 25 octobre et le samedi, 26 octobre. La réunion qui a duré deux jours complets nous a permis de discuter plusieurs projets.

Certains parmi vous remarqueront que les quatre dernières réunions du Conseil ont eu lieu dans le sud de l'Ontario, et ceci, pour des raisons économiques. Au cours des deux dernières années, la plus grande partie des membres du Conseil sont venus de cette région, et même si dans le passé, nous avons mis en pratique le déplacement des réunions à travers le pays, il a fallu que nous prenions en considération le besoin de maintenir les coûts au minimum. Le Conseil a décidé d'alterner les réunions d'automne et d'hiver de la façon suivante: une réunion aura lieu dans la localité considérée la plus économe et la réunion suivante se déplacera ailleurs dans le pays. De cette façon, on maintiendra les coûts au minimum tout en assurant que les sections régionales auront l'occasion de rencontrer les membres du Conseil et de leur soumettre toute proposition qui les intéresse particulièrement.

Un des projets entrepris par les membres du Conseil est de mettre à jour les statuts de l'association. Nous utilisons ces statuts depuis 1979, et bien qu'on ne propose pas de changements majeurs, le Conseil croit que ces statuts devraient refléter les pratiques actuelles. Vous recevrez tous/toutes au printemps une copie des modifications proposées. Je vous encourage à comparer ces modifications aux statuts en cours (publiés dans l'Annuaire). On demandera aux membres de ratifier ces changements lors de l'assemblée annuelle à Winnipeg.

Le Conseil a aussi décidé de compiler une liste de sources de références canadiennes que les bibliothécaires des sciences de la santé pourraient consulter. En novembre, Linda Wilcox, coordinatrice des cours de perfectionnement a envoyé des questionnaires aux écoles de médecine et a demandé aux bibliothécaires de lui faire parvenir des listes nominatives de sources de références canadiennes qu'ils/elles trouvent utiles à leur travail. Une liste compilée par des bibliothécaires de l'école de médecine de Wisconsin sous le titre de "The Best Reference Books in a Medical School Library," et publiée dans Med Ref Serv Q 1990 numéro d'hiver; 9(4) :43-79 est à

l'origine de ce projet. Les membres du Conseil croient qu'il y a suffisamment de documentation de références canadiennes pour que la publication d'une telle liste devienne un instrument très utile pour les bibliothécaires. Les réponses paraîtront dans **BMC**.

Mon dernier message mentionnait un climat économique plutôt déprimant et qui est encore au ralenti, mais je suis heureuse de vous annoncer que cela n'a pas affecté la conférence de Hamilton. En plus d'être l'hôte d'une excellente conférence, le calcul final de la conférence reçu en automne a rapporté un profit de plus de \$12,000 dollars. Encore une fois "Bravo, Hamilton! On a aussi reçu un rapport d'étapes des activités du comité de planification. Le thème de la conférence de Winnipeg est "Un monde à explorer." La conférence considérera les défis auxquels les bibliothécaires des sciences de la santé doivent faire face dans le monde changeant d'aujourd'hui. On promet de continuer les programmes et divertissements de premier choix tels qu'établis par d'autres comités de planification. La conférence aura lieu à Winnipeg, au Manitoba du 6 au 10 juin 1992. Marquez bien ces jours sur votre calendrier, et prenez des dispositions dès maintenant afin d'être là!

On vous a tous/toutes informé des progrès accomplis par le groupe d'action sur les lignes directrices du [SIA/ACH (Système d'information de l'administration/ Association canadienne des hôpitaux)] - "CHA/MIS" par l'intermédiaire de rapports parus dans **BMC**, et de mises à jour annoncées aux réunions annuelles. Le groupe d'action a accompli son mandat et s'occupe

maintenant à développer un atelier traitant de "Systèmes pour mesurer l'efficacité de l'utilisation des diverses tâches au travail" (Workload measurement systems). Comme processus de préparation, ce groupe dirigera un projet-pilote dans la région de Kingston soit à la fin du mois de janvier ou au début de février. L'atelier sera offert à Winnipeg au mois de juin prochain.

Voici d'autres questions qui furent discutées à la réunion du Conseil:

- le développement d'un aspect rénové pour **BMC**.
- la création dans **BMC** d'une colonne sur les relations publiques. Celle-ci traiterait des sujets qui affectent les membres tels que l'amélioration de la conception qu'on a des bibliothécaires dans les hôpitaux.
- la possibilité de rehausser les pratiques de publication courantes de **BMC**.
- la révision de l'état des choses au sujet de l'entente bilatérale avec l'ABM (Association des bibliothèques médicales) et la possibilité d'échanges réciproques avec d'autres organisations.
- la probabilité que Tom Flemming et Diana Kent commenceraient à travailler sur une seconde édition du Recueil canadien des statistiques de la santé.
- différents moyens d'augmenter les revenus de l'association.

Quand vous aurez lu ce message vous aurez déjà reçu l'appel aux mises en candidature pour les postes au Conseil. Je vous prie de poser votre candidature si possible. Etre membre du Conseil est un engagement et un travail assez exigeant, mais l'expérience en vaut la peine.

Et voilà toutes les nouvelles pour maintenant. Je profite de l'occasion pour vous souhaiter une bonne année et la prospérité en 1992.

Translated by:

Yolande McArthur

CONTINUING EDUCATION

BEST REFERENCE SOURCES (CANADIAN SUPPLEMENT)

PART 1 - SURVEY DISTRIBUTION

Linda Wilcox

Director, Shared Library Services
South Huron Hospital
Exeter, Ontario

Would you like to know what reference works your peers in other health sciences libraries use regularly? To help answer this question, the CHLA/ABSC Board under the direction of the CE Coordinator has initiated a survey to discover the most valued reference tools with Canadian content/relevance for the health sciences. This survey parallels a study conducted in the United States - **Johnson, N. R.** et al. "The best reference books in a medical school library: What your colleagues say." *Medical Reference Services Quarterly* 1990 Winter; 9(4): 43-79. The article included a detailed list of the reference books that U.S. medical school librarians considered most valuable. The membership is encouraged to refer to this article to discover the American survey results re the best reference books.

To produce a "Canadian Supplement" to this list, letters and survey forms have been sent out to the Reference Departments of the sixteen Canadian medical school/health

sciences libraries. The letter asks the directors to give copies of the survey to all their medical reference librarians and to return the survey(s) to the CE Coordinator. Results of this survey will be compiled and published in the next **BMC Continuing Education Column**.

The information retrieved from the Canadian academic libraries should prove valuable to all the membership. However, perhaps some of you would like to share with the readers your opinions re essential reference works or other reference gems/tools that may not be as well known by your peers. All members who are reference librarians are encouraged to submit lists so that the aggregate results can be compiled and published. Submissions from hospital reference librarians are particularly encouraged!

I will end this column by providing you with an outline of the survey instrument so that you can complete a list and forward it to me by **March 20, 1992**.

RECOMMENDATIONS FROM REFERENCE LIBRARIANS

- A) "Essential" reference tools
- B) Little known reference "gems"
- C) How do you update your reference collection?

*** Carefully read the definitions for "A" and "B" before you begin. Please format your list(s) with two columns labelled "Book Information" and "Types of Questions Answered" and submit them to **Linda Wilcox**. ***
(Complete address listed under **Board Of Directors** at back of this issue)

- A. Please list 25-30 "essential" reference works with Canadian content/relevance that you use regularly and could not live without. Be sure to include author, title, edition, place of publication, publisher, year, and first two lines of the call number (i.e. WB100), and a brief description of the types of questions answered. (Optional - ISBN/ISSN and price).
- B. Please list up to 10 reference collection "gems" - reference works that you personally find very useful, but that may not be used as often and may not be as well known by your peers. These items should not be listed in Part A. Include

the same information (i.e. book information and types of questions answered) as in Part A.

- C. How do you update your reference collection? Check all that apply.

- _____ periodically search **Books in Print** for newer editions of reference works already owned.
- _____ request new editions and new works from publishers' flyers.
- _____ check indexes or databases by subject.
- _____ choose items from book vendor approval plans.
- _____ order items as recommended by the "Brandon List". (**Selected List of Books and Journals for the Small Medical Library** by Alfred N. Brandon)
- _____ choose items from publishers' catalogues or order cards.
- _____ other, please describe.

*** Please include your full institutional address on each submitted list. Specific institutions will not be identified in the published results. ***

**THANK YOU FOR PARTICIPATING
IN THIS SURVEY!**

CHLA/ABSC FACT SHEET No. 12

ESSENTIAL MICROCOMPUTER UTILITIES AND TRICKS

George Beckett

Health Science Library
Memorial University of Newfoundland,
St. John's, Newfoundland

WHAT ARE "UTILITIES AND TRICKS"?

Utilities are computer software programs created to furnish services which are not provided by the computer operating system. "Tricks" refer to the use of utility programs or careful use of operating system capabilities in order to make use of a computer system easier and more effective. While such programs exist for all types of computers the best known are those for the MS-DOS (or PC-DOS) operating system which is commonly used on PC compatible personal computers. There are many DOS utilities available because DOS itself has historically lacked many capabilities that users find valuable or essential. The popularity of the DOS operating system has provided the incentive for development of numerous utilities.

WHY ARE THEY IMPORTANT?

Every user of the DOS microcomputer should be aware of some basic utility programs because they make use of the microcomputer easier and more effective. Utility programs are extremely useful in preventing or fixing problems such as accidental reformatting of hard disks, accidental erasure of files, insufficient system memory, virus infections, dealing with hardware peculiarities such as the NUMLOCK key and many other situations.

The release of DOS version 5.0 in June of 1991 indicates the growing importance of utilities. Microsoft (the producer of MS-DOS) has included some important utility capabilities in the new revised version of DOS. Despite these additions there are still many areas where separate utilities can be helpful in solving common problems which may be encountered when using DOS.

* This paper was presented at the 15th annual meeting of CHLA/ABSC, June 15-19, 1991 in Hamilton, Ontario

TYPICAL LIBRARY SITUATIONS REQUIRING THE USE OF UTILITIES

The following examples illustrate common situations in libraries where utility software could be extremely useful. Do any of these situations sound familiar to you?

* You have your own microcomputer and you need to keep a phone directory and an engagement calendar which can be searched and amended quickly and easily.

* The annual report of the library which you have spent 3 weeks working on has just been accidentally erased by your secretary. There is no back up copy.

* You have a CD-ROM local area network and you want to make it as simple as possible for patrons and library staff to use the CD-ROM databases. You do not want to confuse patrons or staff with complex instructions on how to use the LAN.

* The library catalogue is maintained on a microcomputer in the library. You have heard horror stories about "crashing hard disks" and "corrupted files". How do you protect the library's catalogue database against these potential disasters?

* You are very proud of your newly installed CD-ROM local area network and patrons love it. One day after installing a new version of the CD-ROM search software you start getting strange error messages saying that insufficient memory is available for the program to run. How do you deal with this "RAM CRAM" problem?

Utility programs are the solution to all of these situations and many, many more problems that may occur with microcomputers in your library.

MAJOR CATEGORIES OF UTILITY PROGRAM

Hard Disk

disk caching, unerase and unformat, file compression, disk analysis and optimization, disk backup

Memory Management

memory analysis, loading of programs and drivers into unused memory, expanded memory, RAM drives

Shells and Menus

menu programs and/or menu access to DOS commands

Anti-Virus

programs to protect against, identify and remove computer viruses

Terminate and Stay Resident Programs (TSRs)

"pop up" programs of all types, e.g. appointment calendars, calculators, ASCII character charts, phone number directories, personal information manager (PIM) programs ...

Miscellaneous

programs of many types designed to be of use in a DOS environment, e.g. browsing text files, logging key strokes, screen blanking, search for files, change keyboard key assignments, automatically turning off the NumLock key and many, many other useful chores.

WHERE DO YOU GET THEM?

Utility programs are available from many sources. There are commercial versions of many utilities available from any computer store. Two well known commercial collections of DOS utility programs are **Norton Utilities** and **PC Tools**. The price typically ranges from approximately \$40 to \$170 for commercial utility programs.

Shareware and public domain utility programs are available from many sources. A very good source is **PC Magazine DOS Power Tools**, 2nd edition. This book contains very readable explanations of how to use DOS effectively and contains two diskettes crammed with useful utility programs originally created for **PC Magazine**. It is available at many book stores for approximately \$50. A new revised edition updated for DOS version 5.0 is also now available in book stores.

Bulletin board systems (BBS) normally contain large collections of utilities as well. One well known system is **Canada Remote Systems**. Phone (416)-620-1439 for information about accessing this BBS. **Compu-Serve** in the U.S. is another well known source for software. For those with access to the **INTERNET** large archives of utility

programs and other useful software can be obtained from the following:

WUARCHIVE.WUSTL.EDU or
WSMR-SIMTEL20.ARMY.MIL
using FTP with anonymous login.

UTILITY PROGRAM EXAMPLES

NOTE: All prices are Canadian unless noted. The prices are current as of June 1991 and are derived from advertisements of software mail order companies. Software listed as free are from the **PC Magazine** utilities collection.

Memory Management

386 Max 5.0	\$119
HeadRoom 2.0	\$ 89
QEMM 5.1	\$ 89

Shells/Menus

Automenu	\$ 69
Norton Commander	\$115
XTREE/XTREE Pro Gold	\$45/\$109
PC Tools Deluxe 6.0*	\$ 99
Menu	Free

Hard Disk

Fastback Plus 2.1	\$129
Mace Utilities	\$85 U.S.
Norton Backup	\$119
Norton Advanced Utilities 5.0	\$129
PC Kwik Power Pak	\$139
PC Tools Deluxe 6.0*	\$ 99
Spinrite II	\$ 99
PCmanage	Free
(control file compression)	

Terminate & Stay Resident Programs (TSRs)

SideKick/Plus	\$79/\$169
Address Book Plus	\$ 45 U.S.
Calc (pop up calculator)	Free
Appbk (pop up appointment book)	Free
Asc (pop up ASCII chart)	Free

Miscellaneous

Browse (browse text files)	Free
Numoff (turn off NumLock key)	Free

SUGGESTED READING

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***** NOTE *****

This Fact Sheet is also included in detached form with this issue of **BMC**.

A MANAGER'S GUIDE TO NETWORKING CD-ROM DATABASES

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NETWORKING

"A network is a combination of hardware and software which allows computers to share resources".¹ In the case of sharing CD-ROM resources, networking reduces to three possibilities: access to several CD-ROMs by one computer, access to one CD-ROM by several computers or access to several CD-ROMs by several computers. In addition, we can distinguish remote access by telephone and modem, from a Local Area Network (LAN) in which computers are linked within a single department or building.

Remote access to CD-ROM systems is discussed by Bell² and McQueen³. Kittle^{4,5} describes remote access in a medical library. Access to multiple CD-ROMs at a single workstation is discussed by Desmarais⁶ and Hughes⁷. This paper outlines some of the basic considerations involved with implementing a CD-ROM

LAN, a project that many libraries are now contemplating. In a 1990 survey⁸ of 73 Association of Research Libraries institutions, only 12 had CD-ROM LANs already in place, but 85 % of those who did not were planning to.

WHY NETWORK?

Networks are usually installed to share a variety of resources, including printers, applications software, databases such as library catalogues, electronic mail and access to remote online systems. Where CD-ROM databases are the primary resource in question, stand alone workstations would appear an obvious and simpler alternative. However, the current high cost of CD-ROM databases compels libraries to make maximum use of single subscriptions rather than purchase multiple subscriptions. "The price of CD-ROM hardware continues to fall; so, in many respects, this does not present a critical consideration. What is critical is the price of CD-ROM products."⁹

* This paper was presented at the 15th annual meeting of CHLA/ABSC June 15-19, 1991 in Hamilton, Ontario

ELEMENTS OF A NETWORK

The LAN consists basically of nodes (the computers or workstations linked by the network), links (the cables joining these together) and servers (a special node with the computer which actually has the CD-ROM drives). Links may be twisted pair copper wire, coaxial cable or fiber optic cable. In addition, each node requires a compatible network interface card (NIC) which is a piece of hardware allowing it to "plug in" to the network, and network software which allows it to actually communicate with the network. Novell and Appleshare are two major network software systems. LANtastic, MS-NET and IBM PC LAN are further examples. Network software is surveyed by Pesch.^{10,11}

"Network topology" refers to the manner in which the nodes of the network are attached to each other with cables. The three basic topologies are the bus, star and ring (Figure 1). "Network architecture" is closely related to network topology, and refers to the hardware responsible for physically moving information among computers on the network. Ethernet, IBM Token Ring and ARCnet are examples of network hardware. Network technology is discussed in an introductory yet thorough manner by Marks and Nielsen.¹²

All elements in the system must be compatible with the network software system chosen. Compatibility of nodes includes available RAM as well as the correct versions of software such as DOS and Microsoft CD-ROM extensions (MSCDEX). Therefore, the selection of a network software system will have far-reaching consequences. Other basic decisions made

at an early stage can have consequences in the future. Long-term needs should be considered. "Remember a network will grow, the demands upon it will increase, and it will never be quite as inexpensive or easy to install additional cable as now. This may be the best justification for installing fiber optic cabling in a building."¹² The big advantage of fiber optic cabling is that it has the capability to deal effectively with the transmission of images - already present on some medical CD-ROM titles, such as Scientific American CONSULT.

WHAT DOES A NETWORK COST?

The cost of a CD-ROM LAN will vary widely depending on the number of nodes and CD-ROM products, the choice of network hardware and software, and various library management decisions. Demmitt and Hill¹³ present some basic budget guidelines:

1. Consultant (\$5,000 or \$100/hour)
2. LAN Administrator (\$30,000/year)
3. Wiring (\$1,500 minimum but depends)
4. Network server and software (\$5,700)
5. File server and 12 CD-ROM drives (\$11,300)
6. Workstation nodes (\$3,500 each)
7. Furniture (\$1,000 per station)
8. 8-12 CD-ROM databases (\$12,000)
9. Ongoing printer supplies (\$2,000/year)

Thus, ignoring the consultant and LAN Administrator, a network of 8 - 12 CD-ROMs with 10 workstations may cost \$112,500 to set up. Ongoing costs would include the CD-ROM subscriptions and

supplies - \$14,000 annually. Although personnel costs have been ignored they will certainly be a factor, both ongoing and during the intensive planning and implementation stages. Krititz, Jain and Armstrong¹⁴ describe a more economical network in a U.S. academic library with a total cost, including subscriptions, of \$30,799. Savings were achieved by modifying existing workstations available in the library, using existing furniture, and opting for more economical network hardware and software.

CD-ROM SITE LICENSING

CD-ROM has only been available for seven years, and CD-ROM networks for even less time. Vendors have not yet worked out their strategies for pricing and licensing. These licensing and copyright issues are examined in Nelson and Nissley¹⁵ and Nissley.¹⁶

Some products carry no extra charge for networking, such as Hopkins Technology's Food/Analyst Plus or SilverPlatter's Medline Professional or CINAHL-CD. In other cases, the additional cost for networking varies. The U.S. prices in Table 1 were obtained from printed directories, based on the assumption of an initial subscription for 10 workstations with no discounts applicable. These figures are not for budgeting; current prices and license agreements should be obtained from the publishers directly.

The 26 titles sampled show an average surcharge of 80 % for an additional 2 - 10 users, with an interquartile range of 50 % to 100 %. The minimum surcharge for a site license is 20 % and the maximum 235 %. Thus, the average subscription price for a

single-user CD-ROM in Table 1 is \$799, but \$2,187 for the network subscription. The interquartile range for these multiuser licenses is \$790 to \$2336.

MANAGEMENT ISSUES

The many implementation and management issues have been discussed by Currid¹⁷, Demmitt and Hill¹³, Marks and Nielsen¹², McQueen¹⁸ and Perry.¹⁹ Lee and Balthazar²⁰ describe the implementation process in a medical library. One of the most basic questions is, who will plan, implement and operate the network? The library should retain as much control as possible. "When the computer centre budget pays for the network, it owns the network. It is essential that the library obtain funding for the network; otherwise, the implemented network will be responsive to the needs of the computer centre and not to the needs of the library."¹ However, the network requires a substantial and ongoing commitment of time and resources. "The early days of the network are likely to be the most politically attractive. The actual operation of the network is not a glamorous job. As a result, the biggest issue is commitment and follow through."¹

Demmitt and Hill¹³ and Marks and Nielsen¹² have described the functions of the network administrator and the skills that this person must have. The position may be a "dedicated" or "designated" assignment - the dedicated manager is concerned solely with the network, while the designated manager has other responsibilities as well.¹² The network administrator may be a member of the library systems department or may report directly to the CEO; in the

smaller library, it will likely be the most technically-minded staff member.

Marks and Nielson¹² among others^{1,21} have stressed the importance of budgeting, which can be the weakest link in the networking plan. CD-ROM subscriptions must be maintained annually, and new subscriptions will involve both start-up and ongoing costs. The LAN will likely expand. "An ongoing commitment of budget resources will be required. The inevitable growth of local area networks as additional staff are placed on the network, additional equipment is needed, and new applications are identified, will place an insatiable demand for increased funding. Unless the library's budget is growing annually, those funds will have to be taken from other activities. The implications of those future decisions need to be accepted by all library staff before local area networking begins."¹²

WHAT WILL GO WRONG?

Once a LAN is established, there will still be much for the administrator to do. Apart from routine maintenance and operation of the network, some common problems will likely be encountered. A study¹ disclosed that the typical LAN is down 6 % of the time or 6 out of every 100 days of operation. The five most common network problems identified were;

1. Cable breaks.
2. Hardware or network electronic failures.
3. Power supply failures.
4. Physical and technical limitations.
5. Inadequate budgeting.

All of these problems can be anticipated and prepared for during the planning and implementation stages.

CONCLUSION

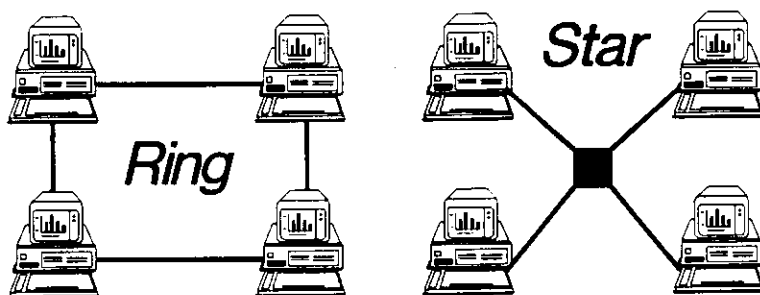
Local Area Networking is one solution to the problem of offering a public access CD-ROM service. Stand alone workstations dedicated to single or multiple CD-ROM products, locally mounted database tapes or online access are alternatives that should also be considered before deciding on a CD-ROM LAN. Although the technical expertise required is within the capabilities of most libraries, planning and implementing a LAN is a fairly complex and expensive task requiring a substantial initial and ongoing commitment of time and resources. However, this effort can be rewarded with a cost-effective system that will greatly expand the library's ability to provide a high level of client service.

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FIGURE 1



Network topologies

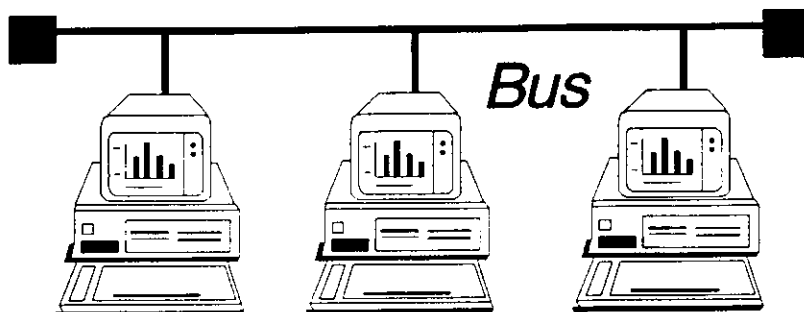


TABLE 1

SINGLE STATION AND NETWORK PRICES FOR BIOMEDICAL CD-ROM TITLES

CD-ROM TITLE	PUBLISHER	SINGLE	SURCHARGE	SITE
Archives of Dermatology	CMC ReSearch	395	395	790
Archives of Neurology	CMC ReSearch	395	395	790
Archives of Surgery	CMC ReSearch	395	395	790
Biological Abstracts	SilverPlatter	7660	1500	9160
BIOSIS Register Bac Nom	Thompson Henry	5160	2500	7660
CancerLit	Aries Systems	995	1600	2595
Chest	CMC ReSearch	395	395	790
Critical Care Medicine	CMC ReSearch	395	395	790
Kirk-Othmer	Dialog Ondisc	1500	1500	3000
Medline (current year)	Dialog Ondisc	750	375	1125
Medline Clinical Coll	Dialog Ondisc	725	362	1087
Excerpta Medica: Cardio	SilverPlatter	995	500	1495
Excerpta Medica: Pharma	SilverPlatter	3495	1750	5245
Excerpta Medica: Gastro	SilverPlatter	995	500	1495
Excerpta Medica: Immuno	SilverPlatter	1145	575	1720
Excerpta Medica: Neuro	SilverPlatter	1145	575	1720
Excerpta Medica: Psych	SilverPlatter	1995	500	1495
MAXX	Little, Brown	595	400	995
Ortholine	Aries Systems	595	1400	1995
Ped Infectious Disease	CMC ReSearch	395	395	790
Pediatrics in Review	CMC ReSearch	150	150	300
Physician's Desk Ref	Med Economics	595	905	1500
PsycLIT	SilverPlatter	3995	2000	5995
Renal Tumors of Child	CMC ReSearch	150	150	300
Sci Amer CONSULT	Scientific Am	595	400	995
Sport Discus	SilverPlatter	1500	750	2250

Source: 1991 editions of printed directories to CD-ROM titles

STRATEGIC PLANNING: THE HOSPITAL LIBRARY PERSPECTIVE

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ABSTRACT

As well as providing a brief overview of strategic planning, this paper describes the process used in a medium sized hospital library to clarify our vision of the future. The author details the time required to develop the plan and describes the results of the planning.

STRATEGIC PLANNING - A DEFINITION

Strategic planning begins in the future. Those planning for the library first look at the future and determine just how the library operation should function. What services, programs or facilities could the library offer? Based on this view of the future, the library staff can then work backwards to plan what steps the library must take to achieve their future vision.

AN OVERVIEW OF THE PROCESS AT THE WERNER LIBRARY

The strategic planning process used at the Werner Health Sciences Library employed the above mentioned technique of envisioning the future. In this library, which serves the 550 bed Rochester General Hospital, the library staff, area librarians, members of the hospital's medical staff and hospital employees all participated in the planning. The primary motivation for initiating this time-consuming process was to build institutional support for future programs in the library. Having library clients and the clinical leaders of the hospital involved in planning is a good way to build a larger base of support. The library staff wanted to know the clients' opinions: What are the most important services the library offers? The planning also provided a forum for the clients to dream and brainstorm about future services the library might develop.

* This paper was presented at the 15th annual meeting of CHLA/ABSC June 15-19, 1991 in Hamilton, Ontario

STRATEGIC PLANNING - A FIVE STEP PROCESS

As the first step in strategic planning, an institution must develop a mission statement which defines the general business of the library. In corporate or hospital libraries the mission must fit in with the mission of the parent institution. The Werner Library already had a mission statement in place, so the planners were able to use this as a starting and ending point in the strategic planning process. The planning began with the existing mission statement. Then, based on the views of the future, the planners broadened the library's mission. The mission must be customer oriented, rather than product oriented. Many library mission statements may say that the library's mission is to provide access to books, journals and audiovisuals. This is a product oriented mission. A more customer oriented mission might be to provide information and access to information sources (See Appendix 1 for a copy of the current mission statement of the Werner Library).

The next step in the strategic planning process is analyzing the **environment**. Large libraries may be able to afford the services of consultant groups who can do elaborate client surveys which focus on the products we now offer or may offer in the future. But it is possible for small libraries, with the help of their clients, to analyze their own environments. The assessment provides the planners with a preview of the future trends that will affect their operations. In the case of the Werner Library, we employed three levels of environmental scanning. First, our staff developed an initial list of trends that would affect libraries, especially health sciences libraries, over the next five years.

Secondly, we convened a group of "library experts"¹ to expand the list of trends, as well as to develop a list of strengths and weaknesses that characterize the operation of the Werner Library. Finally, we invited a large group of active and/or influential library clients to what we called "Breakfast Briefings". At these meetings a facilitator used the nominal group technique to encourage the participants to share their perceptions of the strengths of current library operation. Also, the participants shared their suggestions for improvements. The most important feature of these sessions was that they provided the library clients with the opportunity to identify problems and suggest solutions that may not at all fit within the current Library operation. To paraphrase an article by **Herb White**, library clients will willingly accept mediocre service and they must be encouraged to dream to envision superior service.

After the planners have analyzed the environment that results from the library's mission, they are ready to define specific **goals**. The perceptions of the various groups, both their evaluation of the current operation and their suggestions for the future, form the raw data for the goals of the strategic plan. The staff and advisory committees for the Werner Library analyzed the data and developed the goals and specific priorities. The mission statement for the Werner Library (Appendix 1) includes specific descriptions of the goals.

For each of the resulting priorities the planners must design implementation strategies (One detailed action plan for "Develop Library Donation Group" is included as Appendix 2). The analysis

required to implement a product or service is often called the marketing mix. The components of the marketing mix are defining the product or service, determining how it will be distributed, setting the price for the item, and planning for the publicity.³

TIME COMMITMENT AND RESULTS OF STRATEGIC PLANNING

The process involves a considerable amount of staff time; in fact, it is hard to overestimate the amount of time that developing a strategic plan might require. Specifically, at the Werner Library the staff and advisors spent a total of 220 man hours during the six month period that the strategic planning process was evolving. This does not include the time devoted to implementing specific priorities which resulted from the strategic plan. Included in the 220 hours is the 100 hours that the Library Director spent orchestrating the plan.

Some of the specific priorities which resulted from the Werner Library strategic plan are listed below:

- Establish electronic, networked access to MEDLINE and other databases
- Expand book collection
- Establish Library donation group
- Increase number of journals in subspecialty and management areas
- Have librarians work more directly with clinical team

- Expand consumer health information services
- Increase general Library publicity
- Increase Library staffing to expand present programs and initiate future programs

RECOMMENDATIONS

Having a strategic plan provides the Werner Library staff with a sense of direction and a feeling of momentum. The plan has also helped us to communicate more effectively with our clients. In fact, in the Fall of 1991 we plan to initiate the process with selected institutions which subscribe to our Circuit Librarian Program. But we must also be cautious of putting all of our resources into the strategic planning basket. The priorities resulting from the strategic plan are not cast in steel. As health sciences librarians, we must be able to adapt to the daily changes in our environment and we must embrace new opportunities which we cannot foresee. In a 1985 **Harvard Business Review** article, **Robert Hayes** asserts that strategic planning, unless it's handled carefully, can actually inhibit innovation. He quotes the CEO at General Electric as saying, "Once written the strategic document can take on a life of its own, and it may not lend itself to flexibility. An organization can begin to focus on form rather than substance".⁴

At the Werner Library we are developing our 1992 budget and projects around the priorities established in the strategic plan. Our clients feel that they have input into the operation of the library

and the staff feels that their work priorities are guided by the valuable input of clients and area librarians. Overall, the staff feels that the effort was worthwhile.

NOTES

1. Our "expert librarian" team consisted of the following people from the Upstate New York and Ontario region: **Nancy Fabrizio**, SUNY at Buffalo Medical Center; **Sue Grossman**, Millard Fillmore Hospitals; **Ed Lewek**, Rochester General Hospital; **Joanne Marshall**, University of Toronto; **Lucretia McClure**, University of Rochester Medical Center; **Kathleen Miller**, Rochester Regional Library Council; **Dick Panz**, Monroe County Library System; **Angela Scarfia**, Fisons Pharmaceuticals; **Bernie Todd Smith**, Rochester General Hospital; and **Julia Sollenberger**, University of Rochester Medical Center. **Lucretia McClure** served as a facilitator for the session.
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mechanism. We determined to which groups we would solicit and that we would use a group mailing, a display in the library, and personal presentations to medical groups. We also had to decide on the price, the levels of membership and the cost of each. Finally, we had to develop our publicity for the Friends group; this included developing letters, brochures and membership cards.

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APPENDIX 1 - WERNER HEALTH SCIENCES LIBRARY POLICY

MISSION STATEMENT (Effective date: April 1986; Revised January 1991)

LIBRARY MISSION AS RELATED TO MISSION OF ROCHESTER GENERAL HOSPITAL

The Werner Health Sciences Library serves all employees and medical staff at Rochester General Hospital (RGH) and also provides support to patient education services throughout the institution. As well, the Library provides information services to other institutions on a contract basis. By addressing the areas of professional practice, education, and research the Library fits within the mission of RGH which is to:

- * Provide comprehensive, high quality patient care
- * Provide high quality patient care in a manner which assures fiscally sound operations
- * Support health-related educational programs and research
- * Provide health care services as part of community-wide hospital and health care systems

LIBRARY'S MISSION

The mission of the Library is to:

- * Provide information and access to information resources
- * Facilitate hospital educational functions through resource development and consultation
- * Obtain efficient utilization of Library resources by promoting library use by RGH staff and by offering services on a fee-for-service basis to other area institutions

LIBRARY'S SPECIFIC GOALS

The specific goals of the Library encompass the main areas listed below:

INFORMATION SERVICES - provide mediated searching from over 300 online databases and instruction for clients to effectively perform their own searches on major medical databases.

CLINICAL - Coordinate and provide the institution's access to searches from medical, chemical, biological, bioethics and other medically related databases. Provide information relevant to specific medical cases by working directly with clinical teams.

MANAGEMENT - Provide information relevant to selection and evaluation of procedures and equipment used throughout the hospital by using management, engineering and other relevant online databases and information sources.

TEACHING - Teach practitioners the skills from internal and external bibliographic databases for searching of the major medical, nursing, and health administration databases.

RESOURCE ACQUISITION AND ORGANIZATION - Develop, organize, maintain, and preserve learning and information resources in clinical medicine, nursing, mental health, healthcare management, and other related areas. Also, provide access to these resources in other institutions. Materials may be in print or electronic format.

PROFESSIONAL EDUCATION SERVICES - Facilitate continuing education programs for inservice training, employee orientation, or self-instruction by cooperating with the respective departments.

AUDIOVISUAL SERVICES AND COMPUTER ACCESS - Provide information and educational programs in non-print formats primarily through commercially produced programs including satellite. Have accessible computer-aided instruction packets for various medical, nursing and allied health education programs. Have applications software available for use of hospital staff.

CONSUMER HEALTH COLLECTION - Organize a small collection of disease specific materials for use of employees served by Werner Library and the Circuit Librarian Program. Provide support services to patient educators throughout the institution.

QUALITY IMPROVEMENT - Enhance Library operations by maintaining policies and departmental task forces to continually improve operations. Enhance the operations of other departments throughout the hospital by providing information for changes in policies, procedures or standards.

FEE-FOR-SERVICE PROGRAMS - Establish and maintain Library services on a contract-basis for smaller, specialty institutions and organizations.

STAFFING - Provide a qualified and motivated staff in sufficient numbers to carry out Library services and activities. Implement programs to encourage communication among staff. Also, encourage work related staff development and in-service training.

APPENDIX 2 - ACTION PLAN - LIBRARY DONATION GROUP

GOAL: Enhance awareness of support necessary for Library's financial requirements, especially cost and value of technology; provide financial assistance for special Library projects which enhance our present Library services; encourage continued and even increased support by hospital administration for Library services.

OBJECTIVE: Establish Library Donation Group

SUCCESS INDICATORS: Financial support from donation group; increased Library budget; larger Library support group

PLANNING PHASE:

ACTION STEP: Obtain RGH Foundation and Administrative support

HUMAN RESOURCES: Meet with Stan Douglas and Lou Paris

COMPLETION DATE: September 1990

ACTION STEP: Establish Library Fiscal Advisory Group

HUMAN RESOURCES: Members: Lou Paris, Drs. Casey, Leppert, Tarkington, Hall, Weitzman, Flickinger; add Director of Nursing once new person is on board
Advisor: Stan Douglas

COMPLETION DATE: September 1990

ACTION STEP: Read about fund raising, membership, etc

HUMAN RESOURCES: Library staff

FINANCIAL RESOURCES: Interlibrary loan fees

COMPLETION DATE: September 1990

ACTION STEP: Hold initial meeting of Advisory Committee

- Discuss Hospital's support for Library
- Propose alternative strategies to establish "friends"
- Select levels of membership and groups for solicitation

HUMAN RESOURCES: Advisory Committee Members

COMPLETION DATE: January 1990

OBSTACLE: May require more time for approval

ACTION STEP: Propose program recommended by Advisory Committee to Library Committee; obtain their support and approval
HUMAN RESOURCES: Library Committee members
COMPLETION DATE: April 1991 meeting

IMPLEMENTATION PHASE

ACTION STEP: Examine group for solicitation and set financial goal for campaign.
HUMAN RESOURCES: Foundation staff and Library staff
COMPLETION DATE: April 1991

ACTION STEP: Design mail campaign
- Develop database: select people and fields, input and check data
- Design membership cards and brochure
- Write and mail initial letter and brochure
- Write acknowledgement letters and send membership cards
HUMAN RESOURCES: Library staff, Foundation staff, Committee staff and volunteer, as appropriate
FINANCIAL RESOURCES: Cost of printing cards and letters
COMPLETION DATE: Various dates, from April 1991 - September 1991
Acknowledgement letters, as contributions received
OBSTACLE: Availability of volunteers and of per diem staff

ACTION STEP: Follow up letters
- to non-members - updating on success, asking them to join
- to members asking to upgrade
HUMAN RESOURCES: Library staff and volunteers
COMPLETION DATE: April 1992

ACTION STEP: Plan and execute social event
HUMAN RESOURCES: Library staff
COMPLETION DATE: September 1992

ACTION STEP: Renewal letters, describing project for 1993
HUMAN RESOURCES: Library staff and volunteers
COMPLETION DATE: October 1992

TERMS OF REFERENCE FOR THE MANAGEMENT AND RETENTION OF CHLA/ABSC ARCHIVAL DOCUMENTS

Archival material consists of documents containing historical evidence. With respect to CHLA/ABSC such material may be considered to be any records which give evidence and information about the Association's history, organization, function and structure. CHLA/ABSC archives thus constitute the official "memory" of the Association and represent the accumulated experience of its members.

The Archives of CHLA/ABSC will consist of:

1. All official records, i.e. those records made, received, and accumulated by the Board, Committee and/or Task Force members, elected Chapter officials, BMC editorial staff, HSRC Advisory Committee representatives, the CHLA/ABSC Liaison to MLA, the CHLA/ABSC - CCHFA Liaison, the Secretariat and other person(s) representing the Association in an official capacity.

Official records shall include:

- i. Minutes and appendices of any meetings of the Board, Chapters, Task Force(s), and Committees of CHLA/ABSC and minutes of other meetings where there is official CHLA/ABSC representation.

- ii. Reports, recommendations, working papers or other documents produced in the course of official Association business by its members. This includes publications such as the **CHLA/ABSC Annual Conference Planning Guide** and the **Strategic Planning Document Commitment to Change**.

- iii. Correspondence of the President, and other Board members which provides evidence of the internal operations of the Association, and its relationship to other organizations, individuals or groups.

- iv. One unique copy of all CHLA/ABSC external publications such as the **Sourcebook for Canadian Health Statistics**, the **Directory**, and the **CHLA/ABSC brochure**.

Unofficial records shall include:

1. Such items as personal correspondence of the President and/or other Board Members, photographs, and realia if they reflect Association activities in a substantive way.

FORMATS ACCEPTABLE FOR RETENTION

1. Originals of all print documents, preferably created on bond and/or acid-free paper. Reproductions of official documents are considered acceptable for retention where originals cannot be obtained.
2. Original documents stored in electronic formats, accompanied by a hard copy printout, with notes stating how the document was created (e.g. software, hardware, versions, etc.)
3. One copy of any audio-visual material produced in the course of CHLA/ABSC activities (audio-tapes, videos and film)
4. Realia such as CHLA/ABSC T-shirt, photographs taken at the Annual General Meeting, banners, tickets, etc.

Documents that should not be archived:

1. Duplicates of any official documents.
2. Trivial documents (e.g. form letters, acknowledgement of publications or third class mail received by a CHLA/ABSC correspondent, and free-and-gift items such as exhibitors catalogues that are perceived by the Board to have no enduring value).
3. Working papers, where the completed original better represents Association business.

4. Ephemera such as the President's signature stamp, brochures for Conference hotels, etc.

LOCATION AND ARRANGEMENT

CHLA/ABSC documents shall reside in the Archives of the Osler Library of the History of Medicine at McGill University, Montreal, Quebec. In the arrangement or classification of these documents, the principle of provenance will be followed. This means that the records of office are maintained as a distinct unit and as originally created and/or arranged. Thus the external and internal integrity of the records are retained.

The maintenance of CHLA/ABSC documents is subject to the rules and regulations for deposit as determined by the Archivist or History of Medicine Librarian at Osler. She/he is responsible for:

- i. Receiving, preserving and making available for reference all CHLA/ABSC material deposited to the Archives.
- ii. Advising the Board on policies, procedures or rules affecting the permanent storage of CHLA/ABSC materials.
- iii. Advising the Board on the suitability of materials for retention or disposal where appropriate.
- iv. Maintaining inventories of CHLA/ABSC materials at the Board's request.

RULES FOR DEPOSIT

1. Current executive shall forward **CHLA/ABSC** documents to the Archives after their term of office has expired. The documents may be sent directly to Osler at McGill.
2. A call for documents will also be sent to past executive and/or members by the Secretary annually in July. Queries regarding the nature or appropriateness of materials for deposit will be handled by the Secretary. When needed, the Secretary will consult with the Board and the Archivist to determine whether certain items should be retained.

RULES FOR RETRIEVAL OF DOCUMENTS

Members of the Association other than the current Board or individuals outside of the Association wishing to consult the Archives must submit a request to do so in writing to the **CHLA/ABSC** President for consideration by the Board. The intent and purpose for examining the Archives must be stated. If approval is granted, the Board will prepare a letter of recommendation for the applicant which must be presented to the Archivist before consultation occurs. All applicants and Board members must adhere to the rules and regulations of the Osler Library as specified.

INVENTORY OF CHLA/ABSC ARCHIVES

The President and Secretary of **CHLA/ABSC** should retain in their possession a current inventory of the Association's Archives. The Secretary will ensure that copies of the latest edition are distributed where appropriate.

Approved October 25, 1991

L.M. Sutherland

CHLA/ABSC Secretary

REPORT OF THE CHLA/ABSC SECRETARY FOR 1990/1991

L. Sutherland

J.W.S. Health Sciences Library
University of Alberta
Edmonton, Alberta

Dear Members:

I volunteered to assume the position of CHLA/ABSC Secretary shortly after being elected to the Board in May of 1990. After attending my first Post-Conference Board Meeting in June, I learned to appreciate the talents of those fortunate few who know shorthand or can type faster than 50 w.p.m. ! Although I had been active in the Association as NAHLA President, I had a limited understanding of the role of the Board in CHLA/ABSC affairs, and its mandate to fulfill the mission of the Association. After a year in this position, acronyms such as CCHFA, SRCMSL, and ASTED are not quite as daunting, and the relationships between these organizations and CHLA/ABSC are more comprehensible to me now!

Apart from taking Board minutes, I have been involved in revising the CHLA/ABSC By-laws, drafting the Terms of Reference for CHLA/ABSC Archives, writing letters of concern to publishers about escalating journal prices and editing various working documents of the Association. It has been a pleasure to work with other librarians across the country in these

endeavors, and I've particularly enjoyed many after hour telephone conversations with C. Quinlan and A. Ducas fine-tuning the minutes for distribution. I wish all of you a fruitful and productive year in 1992.

CHLA/ABSC LETTER RE COST OF SCIENTIFIC JOURNALS

October 20, 1991

Naomi Broering, Editor
Bulletin of the Medical Library Association,
Dahlgren Memorial Library,
Georgetown University Medical Centre,
3900 Reservoir Road,
N.W. Washington, D.C.
20007

Dear N. Broering:

Re: Escalating costs of scientific journals

Rising subscription costs of scientific journals in the last decade have been monitored and well documented in the literature by librarians and scientists alike (see A. Brandon, *Bull Med Lib Assoc* 1991; 79(2): 195-203 and C. Holden, *Science* 1987 May 22; 236(4804): 908-9).^{1,2} An intelligent discussion of pricing issues - from both the academic's viewpoint and the publisher's perspective - can also be found in the *Bulletin* (see A.W. Hafner, *Bull Med Lib Assoc* 1990; 78(3): 217-223).³ As prices continue to rise, and publishers continue to complain that their profit margins are shrinking, it appears that the academic community has alternately responded to the crisis with ingenuity (i.e. sponsoring electronic journals, resource sharing ventures, etc.) and resignation (massive serial cancellations and library closures).⁴

In Canada, the problems associated with journal price increases are compounded by the Goods and Services Tax, an uncertain funding base - educational institutions are almost totally supported by a recessionary government - , fluctuating exchange rates, high telecommunication costs for facsimile transmission and other electronic services, and by the impending threat of copyright fees. In the light of recent budget cuts, academic health sciences libraries in some centres are being forced to limit their document delivery services to smaller teaching hospitals in spite of their long-standing tradition to support graduate medical education and research. Simultaneously, the demand for biomedical literature in these centres is growing as health professionals continue to upgrade their education, become proficient in end-user searching, and engage in clinical research activities. Budget cuts have also made it

difficult for university libraries to maintain core collections in the basic sciences of to purchase titles that reflect emerging subspecialties in medicine.

As these trends ultimately compromise access, or create the potential for a situation where access is for the privileged few who can afford to pay, members of the **Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada** would like it noted that further price increases beyond the anticipated 10% per annum may be too great for the library marketplace to bear. A recent study indicates that the total cost of 2399 journal titles found in *Index Medicus* for 1991 has a set annual subscription rate of \$612,689.82 U.S.⁵ By comparison, the cost for a similar collection of 2,211 titles in 1987 was \$360,000 U.S.⁶ This is an increase of 72% in less than five years.⁷ As the total serials budgets for many health science libraries in Canada cannot meet the anticipated rates of inflation, let alone match the 1991 figures cited above, one ponders the viability of health science collections in general, and their capacity for supporting the health care needs of Canadians in the future.

Respectfully submitted,

A. Ducas, CHLA/ABSC President
L. Sutherland, CHLA/ABSC Secretary

REFERENCES

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2. Holden, C. Libraries stunned by journal price increases. **Science** 1987 May 22; 236(4804): 908-9.
3. Hafner, A.W., Podsadecki, T.J., Whitely, W.P. Journal pricing issues: an economic perspective. **Bull Med Lib Assoc** 1990 July; 78(3): 217-223.
4. Pascarelli, A.M. Guest editorial: will libraries exist in the year 2000? The effect of prices on collections. **Bull N.Y. Acad Med** 1989 October; 65(8): 862.
5. Fortney, L.M., Basile, B.A. *Index Medicus Price Study: 1987-1991*. 2nd. ed. Birmingham, Alabama: **EBSCO Subscription Services**, 1991.
6. Fortney, op cit., 2.
7. Ibid.

REPORT ON HEALTH FACILITIES LIBRARY SERVICES STANDARDS

Janet Joyce
CHLA/ABSC/CCHFA Liaison
Royal Ottawa Health Care Group
Ottawa, Ontario

As your new **CHLA/ABSC** representative to **CCHFA** allow me to greet you warmly and thank you for your continuing support of the crucial responsibility which **CHLA/ABSC** has to formulate and monitor library services standards for health care facilities.

At the National Organizations meeting in Ottawa on October 23, 1991, I received the revision summaries of the 1992 standards for Acute Care and Long Term Care which had recently been published, and the proposed 1992 standards for Mental Health (Psychiatric) Hospitals and Rehabilitation Centres.

Despite an impossibly tight turnaround schedule for response (deadline was November 7), most **CHLA/ABSC** Chapter Presidents and many individual health science librarians sent replies to me and to **CCHFA**. Thank you for your overwhelming support of my recommendations.

QUALIFICATIONS OF DIRECTOR OF SERVICE, STD. II.7.1, II.7.2

You will remember that **Jan Greenwood**, my predecessor, was able to report to you in April and again at the **CHLA/ABSC**

annual conference in June 1991, after receiving the 1992 draft proposals for Acute Care at the National Organizations meeting of March 27, that the qualifications of director of service had been reinstated to include a Master's degree in library science, as well as management education and/or experience (see **BMC** 1991; 13(1)).

She was also able to report, based on the March 27, 1991 document, the expansion of Std. II.7.2 to specify more precisely the responsibility of small facilities.

The March 1991 draft of Std. II.7.2 reads: "In small facilities, in the absence of a qualified librarian, Library Services are provided on a full or part-time basis by an individual (preferably a library technician) who has regular consultation with a qualified librarian".

You can imagine my incredulity when I received the revision summary for the published 1992 Acute Care and Long Term Care standards in which, unaccountably and without consultation with Jan or me, the standard had been changed by **CCHFA** to read: "The preferred qualification ..." The proposed 1992 standards for Mental Health and Rehabilitation also contained this insertion.

In addition, in the proposed 1992 standards for Mental Health and Rehabilitation, CCHFA has deleted the "in small facilities" clause, although it was included in published 1992 Long Term Care standards.

The CCHFA proposal for Std. II.7.2 reads: "In the absence of a qualified librarian, Library Services are provided on a full or part-time basis by an individual (preferably a library technician) who has regular consultation with a qualified librarian".

Your responses overwhelmingly expressed disapproval of these two changes. In my lengthy response of November 7, 1991 to Mrs. Elma Heidemann, Assistant Executive Director, Standards Program, CCHFA, I impressed upon her once again that in Canada and the U.S. there is only one way to qualify as a librarian and that is through an ALA-accredited postgraduate program. Hence, it was mystifying that CCHFA can suggest a preferred minimum qualification.

I also noted that deleting the "in small facilities" clause entirely subverts the intention of clarifying the needs of small facilities. By deleting the phrase "in small facilities", CCHFA was essentially saying that even in large mental health and rehabilitation centres with teaching commitments for medical residents, medical and other health professions students and interns, and research programs or institutes, either a qualified librarian or an individual who consults with a qualified librarian is acceptable, whereas the "contract" with CCHFA had been that Std. II.7.2 should apply only to small facilities, this is, presumably ones with no teaching or research commitments.

EDUCATION SERVICES STANDARDS

Another alarming development was the inclusion of a library services principal function, orientation (Std. I.2) as a possible function in Education Services Std. V.1.2.

You will recall, as background information, that the newly accredited (1991) standards for Education Services included Library Services as a function in a late 1990 draft, and it was only after extensive lobbying, the CCHFA withdrew the library services as a function of Education Services before publication.

I argued that in those institutions in which Education Services facilitates a hospital-wide staff orientation program, library services is understood to be included as one of the services in the activity "Orientation to services and programs within the facility" and that by singling out library services, a hierarchical relationship was being implied.

HUMAN RESOURCES STD. I.2, III.1.1

Library services was also included as a possible principal function of Human Resources in the published 1992 Acute Care and Long Term Care and proposed Mental Health and Rehabilitation standards. I argued that this inclusion was an implied hierarchical relationship.

SELECTION AND QUALITY OF EQUIPMENT AND SUPPLIES (STD. IV.5, 5.1) and CHLA/ABSC AS A SOURCE OF REGULATIONS AND GUIDELINES (STD. IV.6.1)

These standards were deleted in the published 1992 Acute Care and Long Term Care standards and in the proposed Mental Health and Rehabilitation standards.

RECOMMENDATIONS TO PROPOSED 1992 MENTAL HEALTH AND REHABILITATION STANDARDS

My November 7 recommendations consisted of three pages, so I will highlight only the main ones. Since November 7 I have spoken with Mrs. Heidemann and received two written responses dated November 25 and December 11, 1991. I will therefore include CCHFA's response to recommendations. (Complete recommendations may be requested from me).

STD. I. Statement of Purpose, Goals and Objectives

- I.2 Reinstatement "bibliographic instruction" as a principal function
- I.8.1 "Education responsibilities" should be "education and research responsibilities"

CCHFA RESPONSE

"Bibliographic instruction" will be reinstated
"...research is already included in the list, separate from education responsibilities"

STD. II.7.1 Organization and Direction

- II.7.1 Should be: "The qualifications of the director of service include" not "The preferred qualifications of director of service"

CCHFA RESPONSE

"The national steering committee which reviewed the entire Acute Care/Long Term Care documents, inserted the word 'preferred' to reflect the reality in the field relative to community hospitals in particular. You will note that in Nursing Services, 'Master's level preparation preferred' (II.7.1) was also approved by the Board of Council".

- II.7.2 Reinstatement the clause "in small facilities"

CCHFA RESPONSE

In her November 25 response, Mrs. Heidemann said "...the phrase will be reinstated in the Mental Health/Rehabilitation standards". However, in her letter of December 11, 1991, which was written after the Standards Committee of the Board of Directors met on December 5, 1991, she wrote that II.7.2 would remain with the reference to small facilities deleted.

The rationale given is as follows:
"Discussion focused on the varying complexity of these particular health care organizations and the difficulties associated with defining "small" for the purpose of complying with the standards.

Committee members noted the potential for smaller facilities to be extensively involved in research for example and would consider a qualified librarian to be an essential resource. Other larger facilities, with a modest complement of professional personnel or with access to a university library, might not require the services of the same professional librarian. The standard as approved allows a measure of flexibility that reflects the realities of practice".

STD. IV. Human and Physical Resources

IV.5.5.1 Reinstate standard which was formerly IV.5 and IV.5.1 regarding the selection and quality of equipment and supplies.

IV.6.1 Reinstate, as it appears in the March 1991 draft for Acute Care facilities "**Canadian Health Libraries Association**" as one of the bodies who establish regulations and guidelines for space, equipment and supplies.

CCHFA RESPONSE:

"These changes are changes to the generic model. The former relates to patient care equipment and supplies and therefore relates to clinical services and appropriate non-clinical services, e.g. Material Management. The criterion does not appear in Education Services or Human Resources Services, for instance. The latter change (IV.6.1) was approved in both clinical and non-clinical generic models".

STD. V. Orientation, Staff Development and Continuing Education

V.1.1 The orientation to the service may include:

Change to: "philosophy of service and standards of service delivery"

CCHFA RESPONSE

"We will revise this to include: "philosophy of service" and "standards of service delivery"

Education Services Standards

Remove "orientation to library services" from Education Services
V.1.2

CCHFA RESPONSE

"It would seem that this "may" statement raises the profile of Library Services with the implication that all staff need to be made aware of the library services/resources available to them. The statement does not imply that the Education Services "conducts" the orientation..."

Human Resources Services Standards

Remove "library services" from Human Resources standards I.2, and III.1.1

CCHFA RESPONSE

"The steering committee recommends the change to ensure that the library function, like the education function, would be addressed within the facility in cases where there are no formally organized Library Services or Education Services. Such does not (her emphasis) imply any hierarchical relationship whatsoever, but rather recognizes the value of those services and aims to ensure their inclusion within the survey process".

SCHEDULE FOR RESPONSES FROM NATIONAL ORGANIZATIONS and CONSULTATION/COMMUNICATION WITH CHLA/ABSC

In response to my strong recommendation that CCHFA review their tight schedule for feedback from national organizations representatives and my concern about CCHFA's lack of consultation with CHLA/ABSC before making changes between the March 1991 draft and publication of the 1992 Acute Care and Long Term Care standards, CCHFA responded as follows:

"...we are currently drafting a plan related to a formal consultation process which will be approved by our Board. Once approved, such a plan will be communicated to the field and will, we feel, provide for more reasonable consultation periods as well as clearly delineate the hierarchy for approval of standards".

Those who have seen the 1992 Acute Care and Long Term Care standards will be pleased that "automated library systems" and "access to Medline and other online bibliographic services" has been added to IV.7. Also, "facility-wide information needs assessment" has been added to III.3.

Please note that CCHFA has introduced a generic change that gives emphasis to a number of standards when assessing compliance. These standards are preceded by an asterisk.

Thanks to all who responded to me and to the CCHFA directly within such a short time frame. I appreciate your contributions and support and look forward to hearing from you. I may be reached at:

613-722-6521 ext. 6832
613-722-5048 FAX
ENVOY at ILL.OORO

Address: Rhodes Chalke Library,
Royal Ottawa Health Care Group,
1145 Carling Ave.,
Ottawa, Ontario
K1Z 7K4.

COMPUTER PROGRAMS AND THE COPYRIGHT ACT AMENDMENTS

PIRATES BEWARE!

On June 8, 1988 major changes were made to the Copyright Act by Bill C-60 concerning computer programs. This Bill did not create a new category for computer programs but instead treated computer programs as another type of "literary work". As a result the copyright rules that apply generally to all types of writings (books, articles, plays, etc.) will apply to computer programs. For example, since a computer program is protected by copyright it is protected for the life of the author plus 50 years. Had it been decided that computer programs should be protected under patent laws statutory protection would last for only 17 years.

The new copyright rules will have a considerable effect on the users of computer programs. The government in recognizing that the interests of the creators were not adequately protected may have given too much protection to the creators with the introduction of the Bill and in the process made illegal, legitimate copying of programs.

DEFINITION OF A COMPUTER PROGRAM

Bill C-60 adopted the following definition of a computer program: A "computer program" means:

- 1) a set of instructions or statements,
- 2) that is expressed, fixed, or stored in any manner,

- 3) and that is to be used directly or indirectly,
- 4) in a computer,
- 5) in order to bring about a specific result [Sec. 2]

Since this is a new definition for Canadian purposes the Courts will be called upon to interpret it. However, it can be expected that the definition will definitely include most source codes or object codes (machine readable programs). It should also not matter whether the program is stored on a disk or a chip or any other kind of media developed in the future so long as it is "expressed, fixed, or stored in any manner". The new statutory definition is very similar to the American provision concerning computer programs and thus Canadian courts can be expected to look to American decisions for guidance.

LEGITIMATE NEEDS FOR COPYING ALLOWED

Since computer programs were not placed in a separate category, the traditional exception from an infringement for "fair dealing" applies; viz, any fair dealing with any work for the purposes of "private study, research, criticism, review, or newspaper summary". Potential revisions to the fair dealing exceptions are very controversial, are subject to further review, and will be dealt with in another phase of the revisions of the Act.

In addition, the revised Act [Subsection 17(2)] provides that the following do not constitute an infringement:

- A. A person who owns a copy of a program may make a **"single reproduction for backup purposes"** if he proves that the reproduction is destroyed forthwith when he ceases to be the owner of the computer program.
- B. A person who owns a copy of a computer program, which copy is authorized by the owner of the copyright, may make a single reproduction of the copy, by adapting, modifying or converting the computer program, or translating it into another computer language if the person proves all the following three things:
 - 1) the reproduction is essential for the compatibility of the computer program with a particular computer (note there is no provision for compatibility with a particular program), 2) the reproduction is solely for the person's own use, and 3) the reproduction is destroyed forthwith when the person ceases to be the owner of the copy of the computer program.

Copying a program onto a hard disk is likely to be considered a reproduction for the purposes of the Act. This type of copying will only be permitted by the Act if it is considered that it is done for backup purposes or is essential for compatibility with the computer.

Any copying which is not either within these exceptions or which is authorized by the license granted at the time of acquisition of the copy of the program will result in an infringement of the copyright.

LEGITIMATE NEEDS NOT INCLUDED

There are many legitimate reasons for copying programs that should be excepted from the general rules against copying but many of them were not covered by the amendments. Normally a person would like to be able to:

- 1) make more than one backup copy of the program for the internal use of the user to overcome the risk of inadvertent damage or destruction (the amendments allow for only one backup copy to be made);
- 2) alter the program so that the user can tie in his own program and use it for his own internal purposes (amendments allow only changes to make the program compatible with the owner's equipment);
- 3) make other copies or modifications to the program so long as they are solely for the internal use of the user (this will not be permitted).

It must be noted that only an **owner** is given the benefit of the new rules. Traditionally copies of programs are not **purchased** (and thus owned) but are obtained under **licenses** many of which provide that ownership of the copy always remains with the owner of the copyright. The first draft of the Bill provided that the person only had to be in "lawful and actual possession" of the copy; that would have covered a licensee. The requirement that the person be an owner may restrict the ability of many legitimate licensee-owners to satisfy essential copying needs.

Keep in mind that these statutory rights may be extended by or subject to any valid license or other agreement between the owner of the copyright and the user. The license may give more rights than the Act would otherwise give, or it may take away rights that would otherwise be given by the Act.

It is important therefore, where the opportunity exists to negotiate license terms, that the licensee obtains permission for making the appropriate number of copies and type of modifications required for his purposes.

PENALTIES FOR INFRINGEMENT

Penalties for commercial piracy are severe - up to \$25,000 for a summary conviction and up to \$1,000,000 for an indictable offense (plus five years in jail).

Some of the offenses that can produce these punishments are set out in Subsection 25(1) of the revised Act:

- 1) making for sale or hire any infringing copy,
- 2) selling or letting for hire, or by way of trade exposing or offering for sale or hire any infringing copy,
- 3) distributing infringing copies either for the purpose of trade or to such an extent as to affect prejudicially the owner of the copyright, or
- 4) importing for sale or hire into Canada any infringing copy.

It is possible that these offenses could cover an isolated instance of copying even if there was no intention to make a sale or trade. The more copies made the more likely that

it will be considered to "prejudicially affect" the owner of the copyright. The offenses should catch most commercial pirates and may catch the computer users who merely trade one program for another between themselves.

CIVIL REMEDIES

In addition to the criminal penalties there are a number of civil remedies including:

- 1) a claim for damages,
- 2) the right to remove all copies of the infringing material since they are considered to belong to the owner of the copyright and
- 3) an injunction to restrain any further infringements.

INADVERTENT PIRATES BEWARE

Every user should be aware of what is illegal copying; every creator should be aware of what constitutes an infringement. The risk of being an inadvertent "pirate" is very high!

The law applying to each factual situation may be different. This article should not be relied on for legal advice.

This article consists in its entirety of paraphrases and excerpts taken with permission from an article produced for a seminar by **John T. Ramsay** of Macleod Dixon, Calgary.

Fact Sheet prepared by **W.Maes** (May 1989)

WORKLOAD MEASUREMENT SYSTEMS

What is a workload measurement system?

It is a standard system for recording the volume of activity of a service or department as it relates to productive staff time. How does this differ from the usual library practice of gathering statistics on users, inter-library loans or circulation activity? Statistics traditionally collected by libraries do not usually indicate the time involved in performing each activity; nor do they classify activities that are similar. For example, the verification of a reference, whether it is for interlibrary loan, book ordering or to answer a reference question, is essentially the same activity.

A comprehensive workload measurement system contains:

1. **A classification of the most important activities of the service or department.** Since it is often impossible to capture each and every activity performed by staff in a department or service, many workload measurement systems attempt to record only the major service activities. Decisions must be made by staff as to which activities are the most important to capture.

2. **A method by which staff measure and record time spent performing these activities.** Any method used must be easy to maintain and not require too much effort or staff will subvert the system by not recording activities.

Why should we develop a national workload measurement system?

Workload measurement systems, because they include the added dimension of time, have been used by managers to justify the addition of staff and other resources to their annual budget allocation. Workload measurement systems can be used to prove to management that staff and resources are inadequate to service the volume of activity. They can be used to effectively plan, budget for and control library service operations.

A national system is most advantageous because of the ability to compare hospitals across the country. Where a national system exists, its implementation is recommended by the National Hospital Productivity Improvement Program.

If we, as a grassroots organization of librarians working in hospital libraries across the country, work with the NHPIP to

produce a comprehensive workload measurement system, then that system is most likely to be adopted by hospitals throughout the country and will not necessitate that each hospital design, test and implement a system on its own.

What types of workload measurement systems are there?

Actual time recording methodology

This system requires that all time spent performing an activity is recorded after the activity is completed. Examples of these types of systems are the National Physiotherapy and Social Work Workload Measurement Systems. In these systems, one minute of service time equals one unit of service. If a hospital library spent ten minutes on interlibrary loan activities, using this system, the activity might be broken down into the following categories: location, sending and receiving, and the time spent in each category would be recorded.

Advantages

- * Easy to implement. No time and motion studies need be done by the hospital.
- * Fairly accurate. Shows the actual time spent on each activity.
- * Reflects real changes in productivity and differences in productivity in different hospitals.

Disadvantages

- * The total workload (units of service) cannot be related to national average time standards. Therefore, there is no way to assess the appropriateness of the volume of work generated.
- * May be inaccurate because staff must recall how time was spent.
- * Requires considerable and ongoing staff commitment.

Average Time Methodology

This system requires that staff record the number of times each clearly defined procedure is performed. Data from different types and sizes of hospitals with varying levels of automation, plus the input of the average number of minutes of professional, technical or clerical time it takes to complete the defined procedures, must first be gathered and analyzed to produce an assigned, average time for performing each activity. This average time is then assigned by staff to their internal quantitative statistics. This system is used in the Clinical Laboratory and Pharmacy Departments.

Advantages

- * The assigned unit value of an activity remains constant over time. Thus, internal changes in productivity within a particular hospital are also reflected over time.

- * Easy and cost-effective to implement since each hospital does not have to do its own time and motion studies.

Disadvantages

- * The assigned unit may not accurately reflect a particular hospital's average time required to perform the activity; i.e. the productivity index may therefore appear lower or it may appear inflated because of unique differences between facilities.

Standard Time Recording Methodology

This method is very much like the average time method except that each facility develops its own standard time values using standardized protocols. Some nursing workload measurement systems have used this methodology: i.e. GRASP

Advantages

- * Very accurate in reflecting the situation in a particular hospital.
- * Very effective in monitoring the productivity of a department in that facility especially if that hospital uses the most efficient method of performing the activity; i.e. if interlibrary loans are all automated.

Disadvantages

- * Relatively time consuming and expensive to implement because of the development work that must be done at each site.
- * If the level of automation increases within the facility, new time values would then need to be developed; again, time consuming and expensive.

References:

Freely adapted (with thanks) from Florence Hersey's article "Workload Measurement Systems for Librarians" BMC 1989; 10(3): 111-115

Hendricks, S. "MIS Project and Workload Measurement Systems: an annotated bibliography" BMC 1989; 10(4): 166-168

Fact sheet produced by the CHLA/MIS Task Force on the CHA/MIS Guidelines. October 1989

CANADIAN COORDINATING OFFICE FOR HEALTH TECHNOLOGY ASSESSMENT

Leigh-Ann Topfer

The Canadian Coordinating Office for Health Technology Assessment (CCOHTA) opened in September, 1990. CCOHTA's mandate includes identifying, analyzing, coordinating and disseminating information on "health care technologies" - a broad area encompassing medical equipment, pharmaceuticals, surgical procedures, and patient care. Our library provides research services for CCOHTA projects, and reference services to others involved in health care planning and administration. The collection currently consists of approximately 600 monographs; 200 subject files; and about 70 serial subscriptions. A particular focus of the library is on the acquisition of the "less accessible" information in the field of health care technologies, such as reports from government and industry, publications from associations and international organizations, conference presentations, and guidelines.

Seven issues of the **CCOHTA UPDATE** have been released to date. The **UPDATE** describes our current projects, new CCOHTA reports, and the activities of other agencies involved in health technology assessment. A select list of new publications received by the library is included in most issues. A more complete listing is in the monthly library "Accessions List". Both of

the above are available free of charge, upon request. Most library materials are available for loan to other libraries without charge.

For more information, or to be placed on our mailing list, please contact:

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OFFICE CANADIEN DE COORDINATION DE L'ÉVALUATION DES TECHNOLOGIES DE LA SANTÉ

Leigh-Ann Topfer

L'Office canadien de coordination de l'évaluation des technologies de la santé (OCCETS) a ouvert en septembre 1990. Une partie de son mandat consiste à trouver, analyser, coordonner et diffuser de l'information sur les "technologies de la santé", vaste domaine qui englobe le matériel médical, le secteur pharmaceutique, les techniques chirurgicales et le soin des patients. Notre bibliothèque offre des services de recherche pour les projets de L'OCCETS, et des services de consultation aux personnes de l'extérieur engagées dans la planification et l'administration des soins de santé. La collection comprend actuellement environ 600 monographies, 200 dossiers spécialisés, et quelque 70 abonnements à des séries. La bibliothèque s'efforce en particulier d'obtenir des documents "moins accessibles" en matière de technologies de la santé tels que rapports des gouvernements et de l'industrie, publications des associations et des organismes internationaux, communications des congrès et lignes directrices.

Sept numéros des **Nouvelles de l'OCCETS/CCOHTA Update** ont déjà paru. Ce bulletin présente les projets en cours, les nouveaux rapports de l'OCCETS et les activités d'autres organismes voués à l'évaluation des technologies de la santé.

Presque tous les numéros contiennent un choix de nouvelles publications reçues par la bibliothèque. La liste complète figure dans la "Liste mensuelle des acquisitions". Ces deux documents peuvent être obtenus gratuitement sur demande. La plupart des ouvrages peuvent être prêtés sans frais à d'autres bibliothèques.

Pour tous renseignements, ou pour vous inscrire sur notre liste d'envoi, veuillez vous adresser à:

La Bibliothèque
Office canadien de coordination de
l'évaluation des technologies de la santé
110 - 955 rue Green Valley
Ottawa (Ontario)
Canada
K2C 3V4

(613)-226-2553
(613)-226-5392 (Télécopieur)

FROM THE HEALTH SCIENCES RESOURCE CENTRE

M. Wong

Health Sciences Resource Centre
Canada Institute for Scientific & Technical Information
Ottawa, Ontario

NEW DIRECTOR GENERAL FOR CISTI

We are pleased to announce that Ms. **Margot Montgomery** will be joining us as Director General of CISTI on 18 November 1991.

In joining the CISTI team, Ms. **Montgomery** brings a wealth of experience in management and the provision of information services. She spent fourteen years as Director of the Resources Centre at Algonquin College, leaving there in 1985.

For the last six years, she has been Director, Information and Technical Services, at the Library of Parliament.

Ms. Montgomery replaces **Mr. Elmer Smith** who retired in March 1991.

NEW BIOTECHNOLOGY DATABASE ON MEDLARS

BIOTECHSEEK, a new database designed to complement MEDLINE's biotech coverage is now available to Canadian MEDLARS subscribers. The structure and searching features of this new database are identical to those of MEDLINE. Since there is no overlap between MEDLINE and **BIOTECHSEEK**, it is essential to search both databases for comprehensive coverage. The multiple file search (MFS) command can be used effectively for this purpose.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

M. Wong

Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa (Ontario)

Nouvelle directrice générale de l'ICIST

Nous sommes très heureux de vous informer que **Madame Margot Montgomery** s'est jointe à nous pour devenir directrice générale de l'ICIST à compter du 18 novembre 1991.

Alors qu'elle vient se joindre à l'équipe de l'ICIST, **Madame Montgomery** bénéficie d'une expérience considérable dans la gestion et la prestation de services d'information. Elle a passé quatorze ans au Collège Algonquin, qu'elle a quitté en 1985 après y avoir occupé le poste de directrice de Centre des ressources.

Depuis six ans, elle occupe le poste de directrice de l'information et des services techniques à la Bibliothèque du Parlement.

Madame Montgomery remplace **Monsieur Elmer Smith** qui a pris sa retraite en mars 1991.

BIOTECHSEEK

BIOTECHSEEK, un nouveau fichier construit afin de compléter l'information sur la biotechnologie dans MEDLINE, est maintenant disponible aux abonnés du MEDLARS au Canada. La structure et les caractéristiques de recherche de ce nouveau fichier sont identiques à celles de MEDLINE. Etant donné qu'il n'y a pas de recouvrement entre MEDLINE et **BIOTECHSEEK**, il est essentiel de rechercher les deux fichiers pour des recherches complètes. La commande de recherche multifichier (mfs) peut être employée efficacement dans ce but.

TO ALL MEDLINE SEARCHERS:

We invite you to take part in our **MEDLINE Clinically Relevant Search Strategy Challenge**. The Ontario Ministry of Health and the U.S. National Library of Medicine have provided research funds to determine ways and means of using MEDLINE more effectively for clinical purposes. To this end, we are gathering as many search strategies as possible to test in an effort to retrieve clinically relevant articles. By "clinically relevant" we mean pertaining to the understanding or management of human disease and ready for clinical application. Here's the challenge:

Please send us your strategies for finding clinically relevant articles in the MEDLINE database from the following categories:

- * diagnosis
- * prognosis/natural history
- * etiology/causation
- * therapy/prevention & control
- * review articles

You can enter your prize search strategies at one or more of the following levels:

- * find all relevant articles (high recall)
- * find only relevant articles (high precision), OR
- * combination of the above (reasonable recall and precision)

We will take the best features of all strategies, compare them with hand searching of the literature, and determine the best strategies for clinical searching.

Send your strategies to:

Ann McKibbin
Health Information Research Unit
McMaster University Health
Sciences Centre, Rm 3H7
1200 Main St. W
Hamilton, Ontario
L8N 3Z5

FAX: 416-546-0401

Questions?

Call McMaster University Health
Information Research Unit 416-525-9140:

Ann McKibbin ext 2733
Cindy Walker ext 3133
or **Brian Haynes** ext 2311

If you know of other MEDLINE searchers who could contribute, please pass this request along to them. Incentives include acknowledgement in press, self-satisfaction of aiding scientific research, and hopefully better searching for all!

Please try to have your strategies to us by **March 31, 1992**. Thank you very much for your input.

PEOPLE ON THE MOVE

Susan Murray, Director of the Cinematheque Ontario Film Reference Library, has been appointed Coordinator of the Consumer Health Information Service (CHIS). **Susan** previously worked at the Faculty of Dentistry and Science & Medicine libraries at the University of Toronto and recently completed a three year term as the President-Elect, President, and Past-President of the Toronto Health Libraries Association. **Sharon Taylor**, User Services Officer at the Canadian Centre for Occupational Health and Safety, has been selected for the full-time librarian position of CHIS. **Sharon** has a Bachelor of Science degree in Biochemistry as well as a Master of Science in Immunology. **Marianna Fettes**, a recent graduate of the Seneca Library Techniques Program and former nurse, has been hired as a library technician with CHIS. CHIS is a joint project of the Faculty of Library & Information Science, the Consumers Association of Canada, the Metropolitan Toronto Reference Library, the Toronto Hospital and the Centre for Health Promotion. With the exception of **Marianna** who will be based at the Toronto General Hospital Library, the project will be located at the Metropolitan Toronto Reference Library adjacent to the Science & Technology department and public service will begin in February 1992.

Bill Fraser has retired from his position of twenty-nine years as Director of the B.C. Medical Library Service. Replacing him is **Jim Henderson**, formerly of the University of British Columbia's Woodward Library. **Doug McInnes** officially retired from his position as Head of Woodward Library on June 30, 1991. **Johann van Reenen**, Director of Human Resource Development and Education Services for the Greater Victoria Hospital Society since 1988, has been appointed Head of Woodward Library starting September 3, 1991. **Jane Price**, formerly University of British Columbia Health Sciences Network Coordinator, is the new librarian at the Nanaimo Regional General Hospital Library. **Margaret Price** of the University of British Columbia's Woodward Library has been named Acting Health Sciences Network Coordinator. **Helen Chow** has been appointed Reference Librarian at Woodward Library.

The **B.C. Medical Library Service** is moving and we are changing our name. Effective 20 October 1991, please use: **Medical Library Service**

College of Physicians and Surgeons of B.C.

1383 West 8th Avenue

Vancouver, B.C. Canada

V6H 4C4

**Telephone Number (604)-733-6671, Fax Number (604)-737-8582
and ENVOY Address BCMLS remain the same.**

We look forward to serving you from our new facility.

Susan Higgins has moved from Health Protection Branch Libraries to the Kemptville Public Library, in order to avoid two hours commuting every day and to spend more time with her family. Though she will miss the health science library community, she hopes to keep involved with CHLA/ABSC and is planning a "great consumer health collection".

UNION LIST OF PERIODICALS

LONDON AREA HEALTH LIBRARIES ASSOCIATION

The 1991 edition is now available. The cost is \$25.00

For further information, call (519)-439-3271 and ask for Library Services.

Please make cheque payable to:

Library Services
St. Joseph's Health Centre
P.O. Box 5777
London, Ontario
N6A 4L6

IN MEMORIAM

ELEANOR HAYES

The Toronto health library community has been shocked and saddened by the sudden death of **Eleanor Hayes** on January 7th, 1992. **Eleanor** was well known and highly regarded by everyone for her droll sense of humour, her quiet efficiency and her unfailing kindness and selflessness.

Eleanor was Library Assistant at the Academy of Medicine for 12 years, leaving in 1970 to become Librarian at the Mount Sinai Hospital. In the formative years of the Toronto Health Library Association she was influential in providing a more educational role for the Association and was very supportive of its social aspects. She devoted countless hours of volunteer time, both before and after her retirement in 1989, to the production of the THLA Union List of Periodicals. In 1989, she was awarded the first THLA Honourary Life Membership in recognition of her outstanding contribution to the Association.

Eleanor will also be remembered for her long-term commitment to both literacy and multiculturalism. Beginning in 1988, she served as a volunteer reading tutor with the Toronto ALFA Centre, dispensing warmth and support together with skills.

Friends and colleagues wishing to make donations in **Eleanor's** memory may choose a favourite charity, the Heart and Stroke Foundation or the Toronto ALFA Centre (1900 Davenport Road, Toronto, Ontario M6N 1B7, 416-652-3652).

CHLA/ABSC DIRECTORY LISTING CHANGE

Please note a change in the listing for **Parkwood Hospital** (entry # 178):

The currently listed personal name - **Hodgins, Margaret**

should be changed to - **Legge, Leslie**.

CHLA/ABSC TENTH ANNIVERSARY COMMEMORATIVE AWARD

The **CHLA/ABSC** Tenth Anniversary Award recognizes that one of the most tangible means whereby the mission of **CHLA/ABSC** is accomplished is through the activities of its Chapters. The Award, therefore, is available to Chapters in order to further the **CHLA/ABSC** mission. It is in the amount of \$500.00 and is offered annually.

Eligibility and application criteria:

1. All Chapters in good standing are eligible to apply.
2. The President of the Chapter must submit, no later than a month before the Annual General Meeting, a detailed summary of the special activity on which the judgement is to be based. The submission must be co-signed by any other member of the Chapter executive. This submission is distinct from any annual report submitted to the Board.
3. The activity which forms the basis upon which a Chapter applies for an award may take place in a given year or be represented by the efforts of several years.

Submissions must be received by **May 1, 1992**. They must be **in writing** and mailed to:

Ada Ducas, CHLA/ABSC President,
Science Library
University of Manitoba
211 Mackray Hall
Winnipeg, Manitoba
R3T 2N2

PRIX COMMEMORANT LE DIXIEME ANNIVERSAIRE DE L'ABSC/CHLA

Le prix commémorant le dixième anniversaire de l'ABSC/CHLA permet de mettre en évidence le rôle primordial que jouent les chapitres dans l'accomplissement de la mission de l'association. C'est donc pour servir cette mission que ce prix s'adresse aux différents chapitres de l'ABSC/CHLA. Le prix, décerné chaque année, est d'un montant de 500\$.

Admissibilité et conditions requises:

1. Tout chapitres bien établi peut se proposer.
2. Le président ou la présidente du chapitre intéressé doit soumettre, au plus tard un mois avant l'assemblée générale annuelle, un sommaire détaillé de l'activité qui pourrait lui valoir ce prix. Ce document doit aussi être signé par un autre membre de l'exécutif du chapitre et se distingue de tout rapport annuel soumis au conseil d'administration.
3. L'activité qui vaudrait au chapitre de recevoir le prix peut correspondre au travail d'une année donnée ou être le résultat d'efforts effectués durant plusieurs années.

Les mises en candidature doivent être soumises par écrit avant le 1^{er} mai 1992, à:

Ada Ducas, présidente de l'ABSC/CHLA
Sciences Library
University of Manitoba
211 Mackray Hall
Winnipeg, Manitoba
R3T 2N2

CHLA/ABSC STUDENT PAPER PRIZE

Eligibility:

The contest is open to all students in or recently graduated from a library or information sciences program, a library techniques program, or a program in a related faculty. Registered students may be full or part-time; graduate students should have completed their studies within one year of the competition's closing date of **April 30, 1992**. Articles submitted must be written while the student is enrolled in a program of study, or within one year of graduation. A statement by a faculty member verifying that the article was written in accordance with the above requirements must accompany each paper.

Multiple-author papers are eligible but in the event that such a paper is selected only one prize will be awarded, divided evenly amongst all authors. The prize winner must be willing to have the paper published in **Bibliotheca Medica Canadiana (BMC)**, the official journal of CHLA/ABSC.

Prize: \$150.00 cash and free registration for CHLA/ABSC's Annual Conference.
The winning paper will be published in BMC.

Content and Format:

The paper should provide an in-depth analysis of a topic in health sciences librarianship or information science of interest to CHLA/ABSC members. The paper should not exceed 20 double-spaced, typed pages and must be previously unpublished. All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985; 132:401-5.

All entries will be blind-reviewed. Three copies of the manuscript should be submitted each with an accompanying cover sheet containing the following information: the article's full title, the name(s) of the author(s) and brief biographical sketch(es); degree program and institution of the author(s); home address(es) and phone number(s). Entries should be mailed to: **CHLA/ABSC Student Paper Prize, P.O. Box 434, Station K, Toronto, Ontario M4P 2G9**

Submissions must be postmarked no later than April 30, 1992.

Judging: A panel of judges comprised of the CHLA/ABSC CE Coordinator, the Editor of BMC, and one other person appointed by the President of CHLA/ABSC, will read and evaluate all entries for originality, value and relevance of the information presented, consistency and accuracy, style and readability, and suitability for publication. The decision of the judges is final. If, in the opinion of the judges no article submitted satisfies these criteria, the judges reserve the right not to select a winner. Announcement of the award will be made at the Annual General Meeting. The winner will be contacted prior to that date.

L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

PRIX DU MEILLEUR ARTICLE D'ETUDIANT

Admissibilité

Le concours est ouvert à tous les étudiants ou les diplômés récents des programmes de bibliothéconomie ou de sciences de l'information, de techniques documentaires, ou de programmes connexes. Les étudiants peuvent être inscrits à temps plein ou à temps partiel; les diplômés devraient avoir complété leurs études au plus tôt un an avant la date de clôture du concours, soit le **30 avril, 1992**. Les articles soumis doivent avoir été rédigés alors que le concurrent était encore aux études, ou au cours de la première année suivant la graduation.

Chaque article doit être accompagné d'une attestation d'un professeur, comme quoi il a été rédigé conformément aux directives ci-dessus. Les articles écrits en collaboration sont admissibles; cependant, si un tel article était choisi, un seul prix serait attribué et partagé également entre les coauteurs.

Le gagnant doit accepter que son article soit publié dans **Bibliotheca Medica Canadiana (BMC)**, le bulletin officiel de l'ABSC/CHLA.

Prix

Un montant de 150 \$ et une inscription gratuite à la conférence annuelle de l'ABSC/CHLA. L'article gagnant sera publié dans **BMC**.

Contenu et format

L'article devrait fournir une analyse en profondeur d'un sujet d'actualité en bibliothéconomie ou en sciences de l'information, susceptible d'intéresser les membres de l'ABSC/CHLA. L'article ne devrait pas dépasser 20 pages dactylographiées à double interligne, et doit être inédit. Toutes les références doivent être présentées dans le style Vancouver; voir la **Revue de l'association médicale canadienne** 1985; 132:401-5.

Toutes les participations seront jugées impartialement. L'auteur doit soumettre trois copies du manuscrit avec une page de présentation pour chacune, comprenant les informations suivantes: le titre complet de l'article; le nom de l'auteur (et des coauteurs, s'il y a lieu), ainsi

que de brèves notices biographiques; le programme et l'institution auxquels l'auteur (les auteurs) se rattache(nt); les adresses et les numéros de téléphone.

On doit faire parvenir le tout à:

ABSC / CHLA
Concours du meilleur article d'étudiant
C.P. 434, Succursale K
Toronto, Ontario
M4P 2G9

Les mises en candidature doivent être mises à la poste au plus tard le 30 Avril 1992.

Jugement

Un panel composé du Coordonnateur, perfectionnement, de l'ABSC/CHLA, de l'éditeur du BMC, et d'une autre personne nommée par le président de l'ABSC/CHLA, lira et évaluera chaque participation quant à l'originalité, la valeur et la pertinence de l'information présentée, l'uniformité et la précision, le style et la lisibilité, et la convenance à la publication. La décision des juges sera irrévocable. Si aucun article ne satisfait à ces exigences, les juges se réservent le droit de ne pas choisir de gagnant.

L'annonce du prix sera faite à l'Assemblée générale annuelle. On communiquera avec le gagnant avant cette date.

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Tel: (403) 267-2942

FAX: (403) 267-2968

ENVOY: ILLACLTC

Toronto Health Libraries Assoc.

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Toronto, Ont.

Tel: (416) 691-9244

**Wellington/Waterloo/Dufferin Health
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Dee Sprung

Freeport Hospital, Kitchener

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FAX: (519) 893-2625

Windsor Area Health Libraries Assoc.

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Bibliothèque: _____

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Adresse: _____
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_____ ville province code postale

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code régional numéro poste

ENVOY: _____ Numéro FAX: _____

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Employeur: Hôpital _____ Académie _____ Gouvernement _____ Corporate _____

Autre (prière de spécifier): _____

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Renvoyer à: ABSC/CHLA, B.P. 434, Succursale K, Toronto, Ontario. M4P 2G9